

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH PTO-375)						SERIAL NO. <b>08/860844</b>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.												
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TOTAL CLAIMS												

BEST AVAILABLE COPY

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
28	1					
29	1					
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49	1					
TOTAL IND.	2					
TOTAL DEP.	1					
TOTAL CLAIMS	3					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS